oubmit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II

OIL CONSERVATION DIVISION

P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088 Santa Fe, New Mexico 8750004-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

<u>I.</u>							
Operator Meridian Oil Inc.					Well API No	D.	
Address		***************************************	***************************************	***************************************		***************************************	***************************************
P.O. Box 4289, F	armington, I	New Mexico	87499				
Reason(s) for Filing (Check proper box)					Other (Plea	se explain)	
New Well		Change in T	ransporter of	f: Effective Date 2-1-94			
Recompletion	Oil Dry Gas			X	Lifective	e Date 2-1-94	
Change in Operator X	Casinghea	d Gas	Condensa	te			
If change of operator give name	•••••				************************	***************************************	
and address of previous operator	P & P Pr	oduction Inc	· PO Ro	v 2179 N	Aidland T	exas 79702-2	3150
II. DESCRIPTION OF W		LEASE	., I .O. DC	X 3170, I	viiuianu, i	exas /9/02-	31/8
Lease Name	Well No.	Pool Name, Incl	uding Formatio	n	Kind of Lease	e	Lease No.
Federal 3	43	Nageezi Gal	lup		State, Fed	eral or Fee	NM 18463
Unit Letter [1830	Feet form the	South		0.40		***************************************
Section 3	Township	23 North	Range	Line and 8 West	.NMPM.	Feet From The	East Line
III. DESIGNATION OF T	RANSPOR	TER OF O	IL AND	VATURA	J. GAS	***************************************	San Juan County
Name of Authorized Transporter of Oil		or Condensate		************	*********	hich approved ac-	-CAL C
Meridian Oil Inc			X	Address (Give address to which approved copy of this form to be sent) P.O. Box 4289, Farmington, NM 87499			of this form to be sent)
Name of Authorized Transporter of Casing	head Gas	X or Dry Gas		Address (Gi	ve address to wi	hich approved copy	of this form to be sent)
Bannon Energy Corp. If well produces oil or			<u> </u>	3934 FM	1960 West	#240, Houston,	TX 77068
liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually	y connected?	When ?
If this production is commingled with that fi	rom any other lease	or pool give com	i 23N	i 8W	<u> </u>		
IV. COMPLETION DATA	1	or poor, give con	annighing of uci	number:			
	Oil Well	Gas Well	1 New Well	Workover	i Deepen	Plug Back	Same Res'v Diff Res'v
Designate Type of Completion - (X) Date Spudded Date Completion	. Ready to Prod.	<u> </u>	 	ļ 	1	i i	Dill Resv
, and compile	Ready to Frod.		Total Depth			P.B.T.D.	<u></u>
Elevations (DF, RKB, RT, GR, etc.) Name of Producing		cing Formation	ng Formation		Top Oil/Gas Pay		
Perforations						Tubing Depth	
r error arrors	TUDI	NC CACING				Depth Casing Sho	De .
HOLE SIZE		NG, CASING		IENTING	**********************		
		ANG & TOBING	SIZE	DEPTH SET		•	SACKS CEMENT
			*****************		**********************		CA. SP B NR W. ITA
V. TEST DATA AND REC	UEST FOI	RALLOWA	ABLE		***************************************	101 5	
OIL WEL (Test must be after recovery Date First New Oil Run To Tank	of total volume of	load oil & must b	e equal to or ex	ceed top allov	vable for this de	epth or Adox full 2	4 hours
Sate First New On Run 10 Tank	Date of Test		Producing Met	hod (Flow, pu	mp, gas lift, etc.		EB - 2 1994
Length of Test	Tubing Pressure		Casing Pressur	e	Choke Size		
Actual Prod. During Test Oil - Bhis		TO I				OIL COIN. DIV	
rotal Frod. During Test	Oil - Bbls.		Water - Bbls.		***************************************	Gas - MCF	
GAS WELL		***************************************	<u> </u>				·
Actual Prod. Test - MCF/D	Length of Test	******************************	Bbls. Condensa	nte/MMCF		Gravity of Conden	nsate
Testing Method (pitot, back pr.)	Tukina D	T.1: D				and the second s	and the control of th
(prod ouck pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size	***************************************
VI. OPERATOR CERTIFI	CATE OF	COMPLIA	NCF	<u> </u>			
I hereby certify that the rules and regula	ttions of the Oil Cor	nservation Divisio	n hava	0	II CONO		_
been complied with and that the information best of my knowledge and belief.	ition given above is	true and complete	e to the	U	IL CONS	ERVATION	DIVISION
				FEB 0 2 1994 Date Approved			
Millinnon ! [C]	bru			rippi			
Signature Shannon McMorris				Ву	····	المندلة (Though
Printed Name	Production Assistant Title			Title	<u> </u>	SUPERVISOR	DISTRICT #3
2/1/94	505-326-9526				***************************************		
Date Telephone No.							
NSTRUCTIONS: This form	is to be filed :			HOSTOGRAFIA CONTRACTOR	*************		

- is to be filed in compliance with Rule 1104
- 1) Request for allowable for newly drilled or deepened well must be accompained by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.